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Rib Data Sheet

| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/08/2000 Foreign Priority claimed 35 USC 119 (a-d) conditions with the company of the com | Bib Data Sheet | | | | | | | | | | |
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| Kumar Swaminathan, North Potomac, MD; Udaya Bhaskar, North Potomac, MD; *** CONTINUING DATA ********************************** | | SERIAL NUMBER 09/26/2000 09/669.283 | | | | | | DOCKET NO. | | | |
| Kumar Swaminathan, North Potomac, MD; Udaya Bhaskar, North Potomac, MD; *** CONTINUING DATA ********************************** | APPLICANTS | | · · · · · · · · · · · · · · · · · · · | | | | | • | | | |
| FILING FEE RECEIVED 1674 FEES: Authority has been given in Paper RECEIVED 1674 FOREIGN APPLICATIONS ************************************ | Kumar Swaminathan, North Potomac, MD ; Udaya Bhaskar, North Potomac, MD ; | | | | | | | | | | |
| FILING FEE RECEIVED 1674 FOREIGN FILING LICENSE GRANTED ** 11/08/2000 Foreign Priority claimed 35 USC 119 (a-d) conditions we per priority claimed Acknowledged Examiner's Signature initials STATE OR COUNTRY MD SHEETS DRAWING 23 STATE OR COUNTRY DRAWING 23 FILING FEE RECEIVED 1674 FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following: INDEPENDENT CLAIMS 8 INDEPENDENT CLAIMS 53 INDEPENDENT CLAIMS 8 All Fees 1.16 Fees (Filing) 1.17 Fees (Processing Ext. of time) 1.18 Fees (Issue) | ** CONTINUING DATA ********************************** | | | | | | | | | | |
| FILING FEE RECEIVED 1674 Foreign Priority claimed | ** FOREIGN APPLICATIONS ************************************ | | | | | | | | | | |
| St USC 119 (a-d) conditions met verified and Acknowledged Examiner's Signature Initials ADDRESS 020991 TITLE In-band transmission of TTY/TTD signals for systems employing low bit-rate voice compression FILING FEE RECEIVED 1674 No to charge/credit DEPOSIT ACCOUNT No for following: TITLE COUNTRY MD PRAWING 23 CLAIMS 53 CLAIMS 53 CLAIMS 53 CLAIMS 63 CLAIMS 13 CLAIMS 14 11 11 11 11 11 11 11 11 1 | IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/08/2000 | | | | | | | | | | |
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